

Infezione da HCV: l'importanza del test and treat

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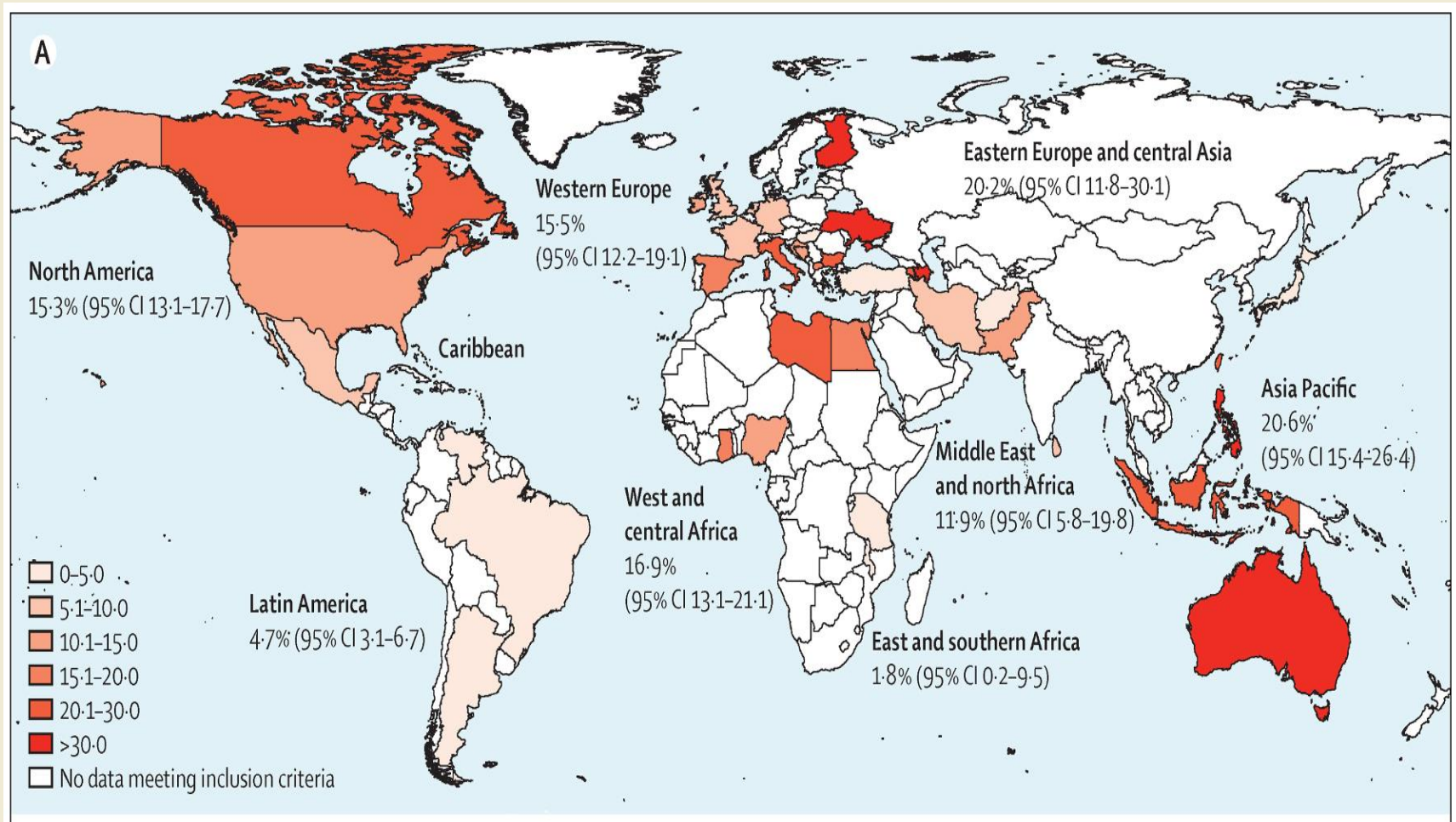


Regione
Lombardia

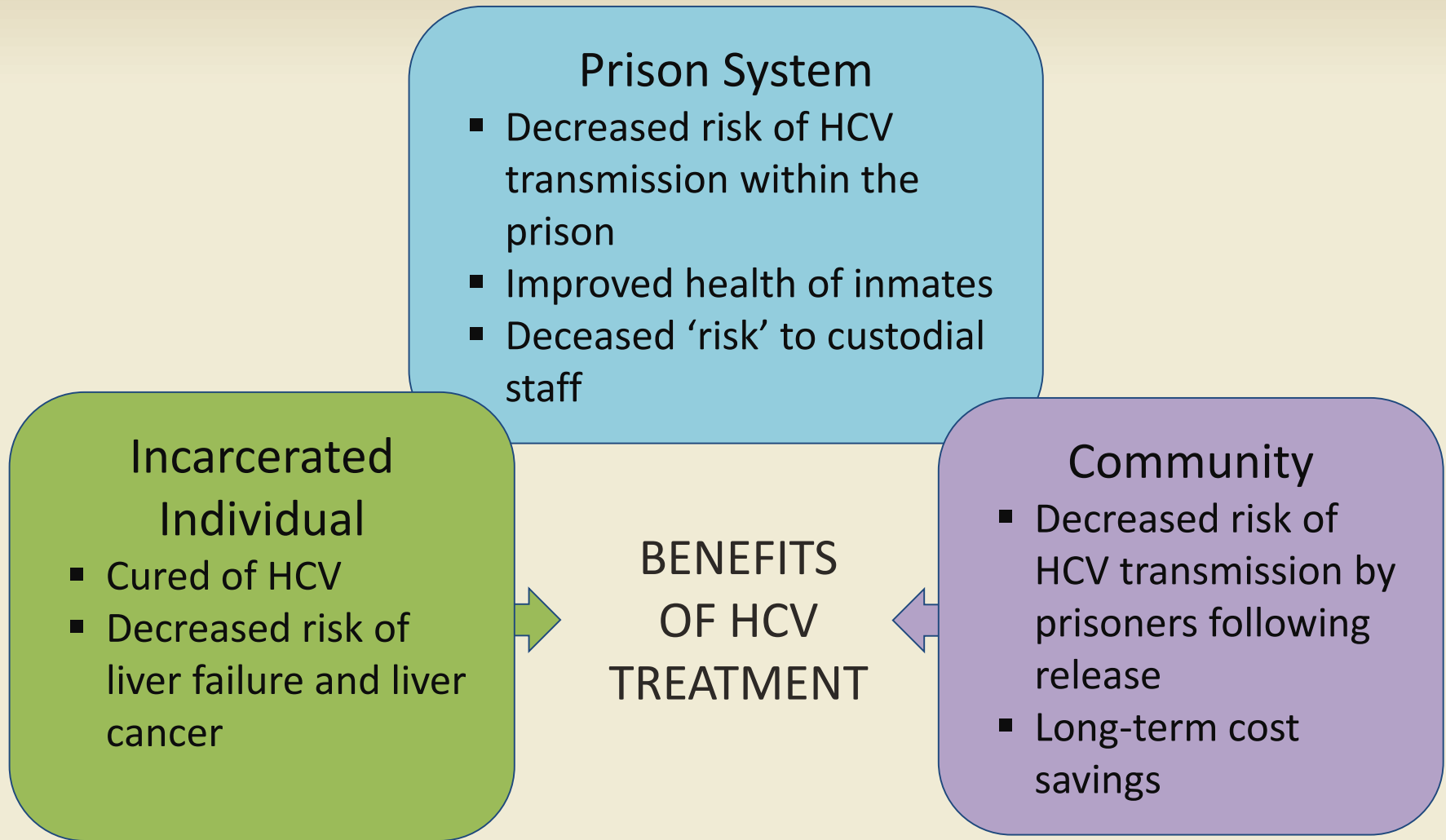
ASST Santi Paolo e Carlo

Global and Regional Prevalence of Hepatitis C in Prison Inmates Published Between 2005 and 2015

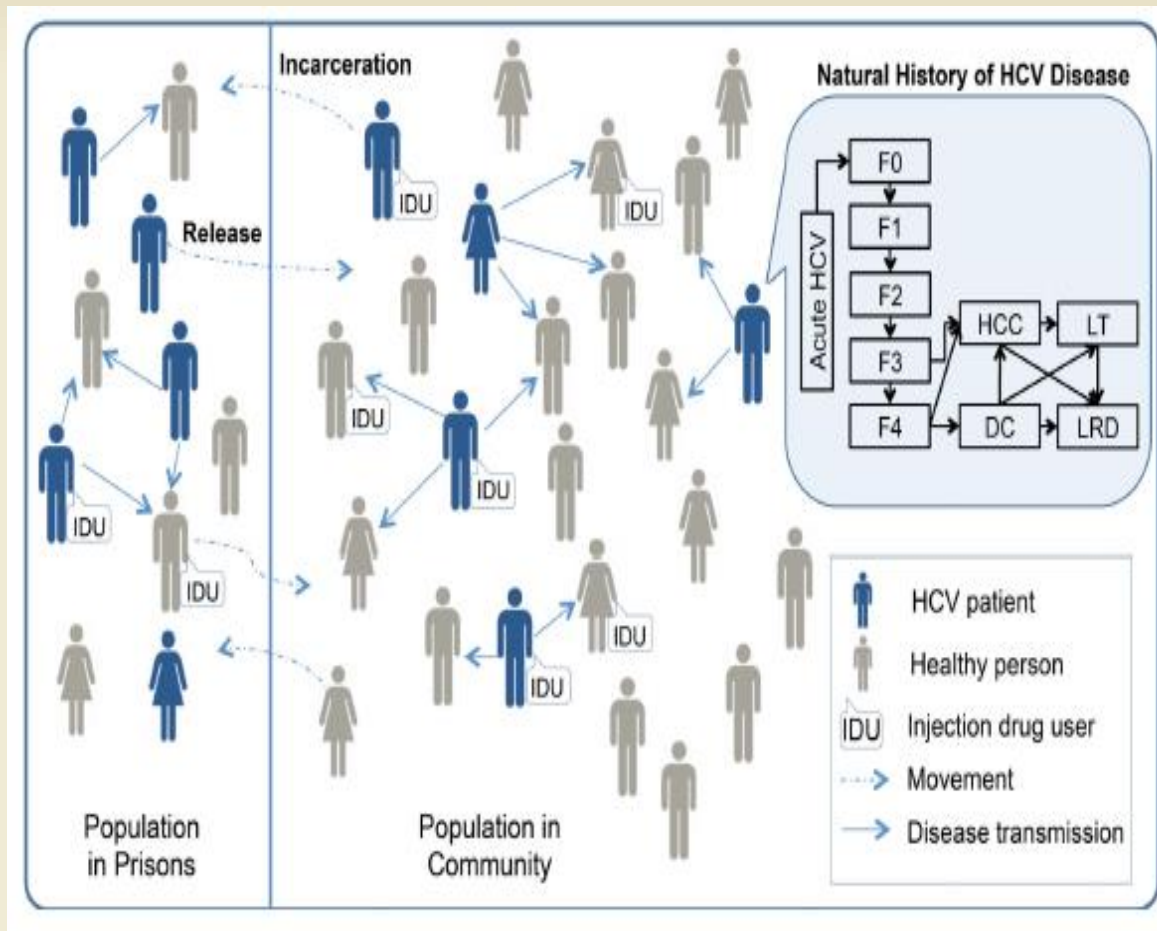
Percentage **unaware of HCV infection** :25% to 35%



Rational for test and treat HCV in prison



Benefits of Test and Treat in Prison



- Potential to decrease HCV in prison
- And in the community!!

- Risk-based and opt-out screening and treatment
- Prevent new infections – 90% in the community!
- Highly cost-effective
- But would require increase in healthcare budget

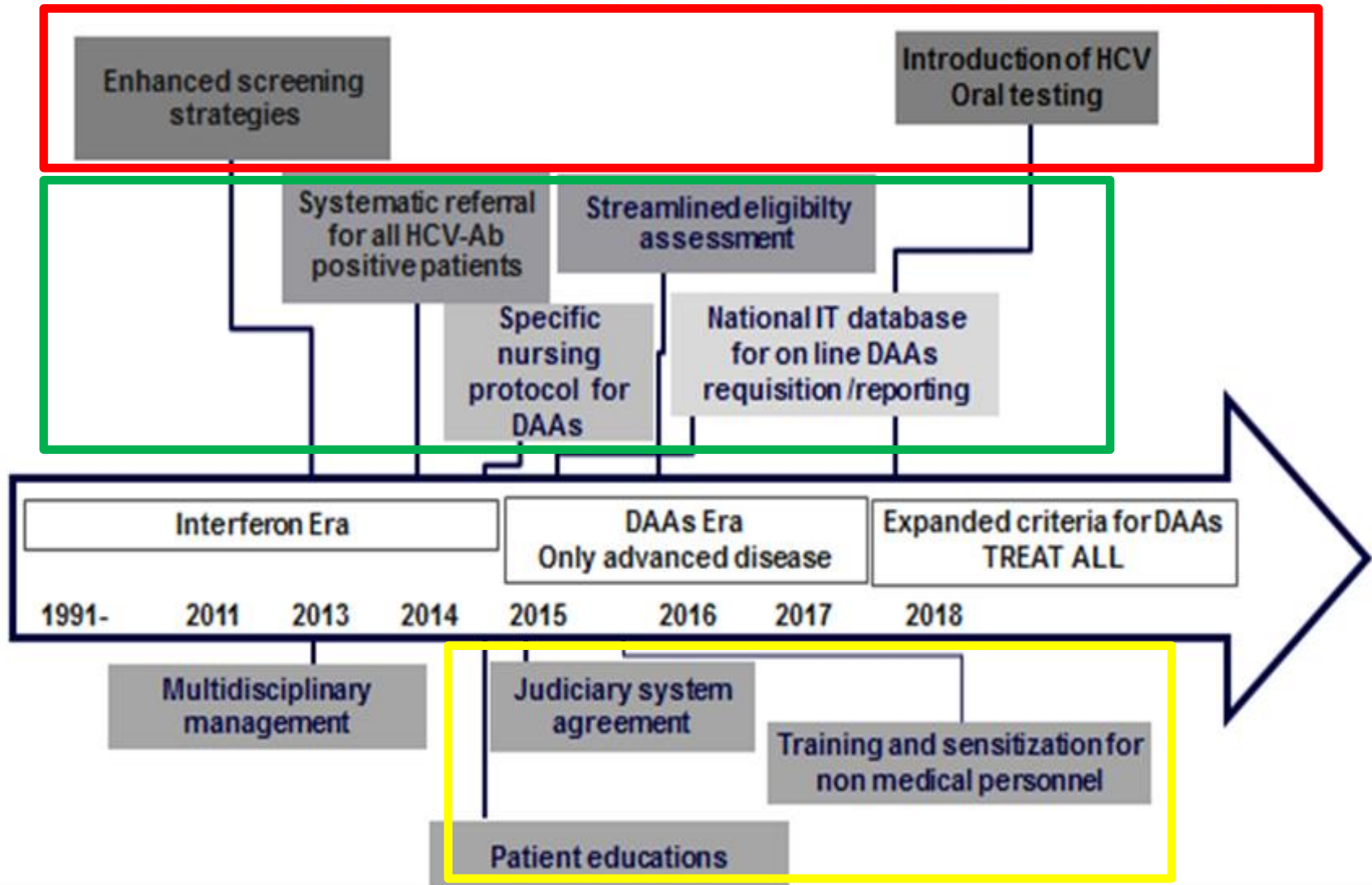
EASL Recommendations on Treatment of Hepatitis C 2018[☆]

Confermate nel 2019

European Association for the Study of the Liver*

- Treatment with new pangenotypic regimens can be initiated without knowledge of the genotype and subtype in areas where genotype determination is not available and/or not affordable, or to simplify treatment access (**B1**).
- Treatment should be considered without delay in incarcerated individuals) (**A1**).
- The risk of reinfection should be explained, to positively modify risk behaviour (**B1**).
- Following SVR, monitoring for HCV reinfection ideally through bi-annual, at least annual HCV RNA assessment should be undertaken in PWIDs or men who have sex with men with ongoing risk behaviour (**A1**).
- Retreatment should be made available, if reinfection is identified during post-SVR follow-up (**A1**).
- In patients with socioeconomic disadvantages and in migrants, social support services should be a component of HCV clinical management (**B1**).
- Peer-based support and patient activation assessment are recommended to improve HCV clinical management (**B2**).
- Patients with harmful alcohol consumption during treatment should receive additional support during antiviral therapy (**B1**).

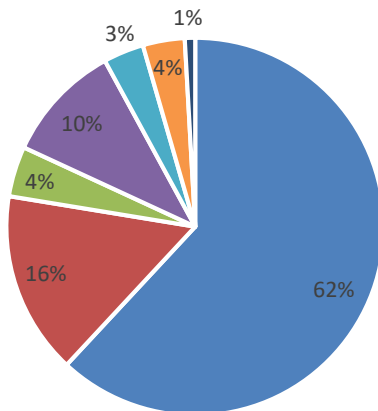
Evolution of HCV Care in Milano Prisons



Results (1)

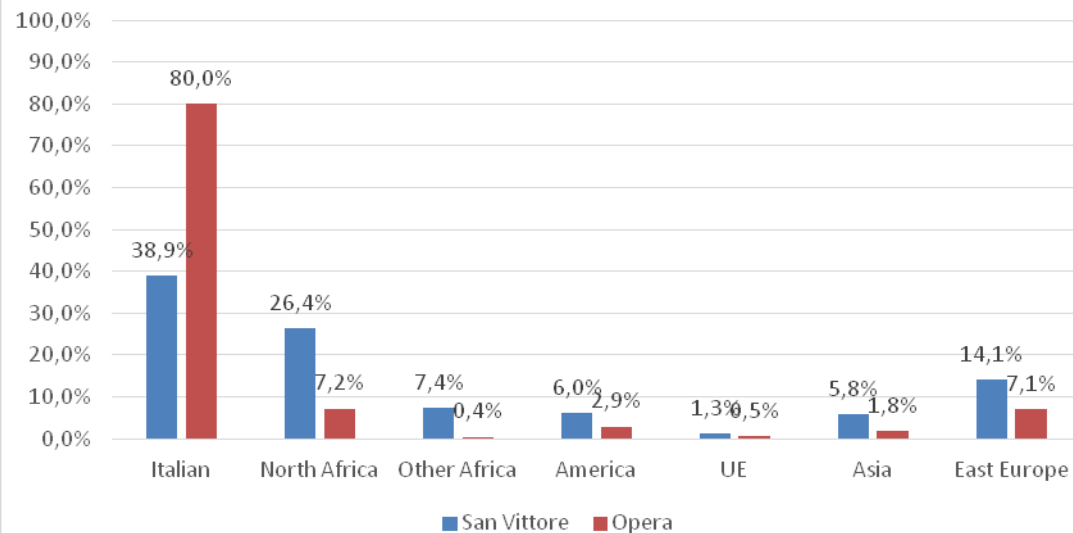
| 2018 | San Vittore | Opera | TOTALE |
|-----------------------------|--------------|--------------|---------------------|
| Total inmates | 1042 (44,0%) | 1327 (56,0%) | 2369 |
| Sex | | | |
| M | 957 (91,8%) | 1327 (100%) | 2284 (96,4%) |
| F | 85 (8,2%) | 0 | 85 (3,6%) |
| Drug users | 464 (44,5%) | 583 (43,9%) | 1047 (44,2%) |
| Median Age & IQR | 36, (28-46) | 46, (36-55) | 41, (31-51) |

Total inmates by nationality 2018



■ Italian ■ North Africa ■ America ■ East Europe ■ Other Africa ■ Asia

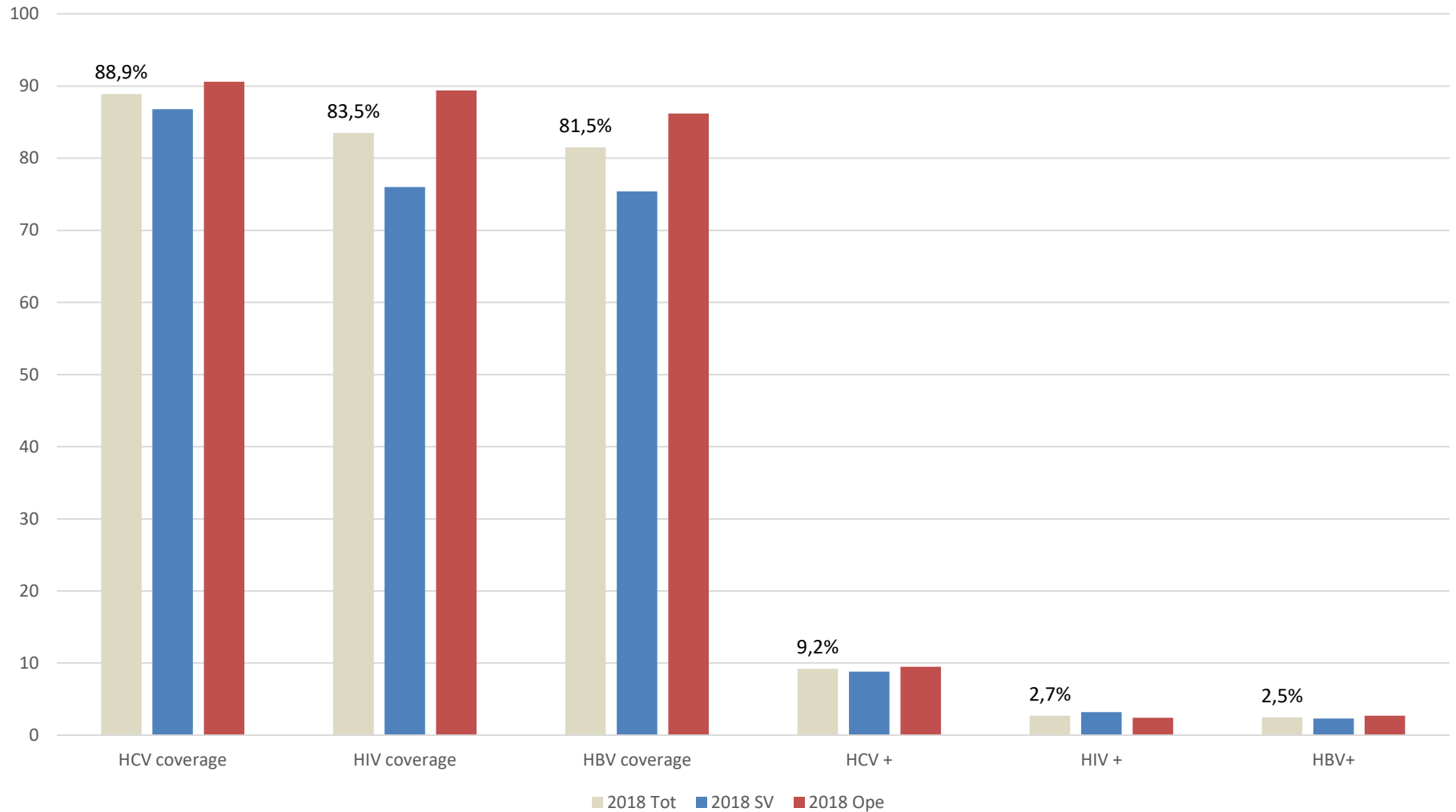
Difference in origin San Vittore Opera - 2018



■ San Vittore ■ Opera

Results (2)

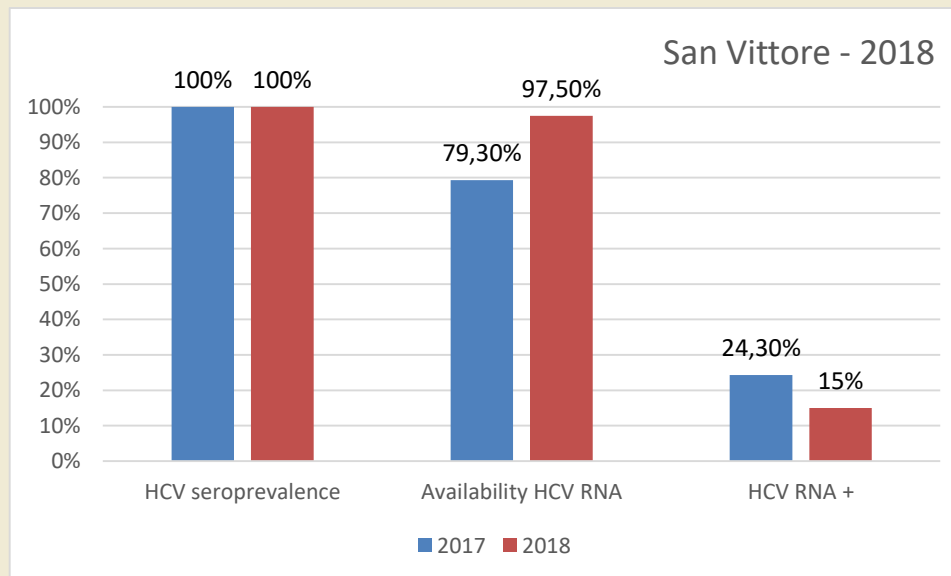
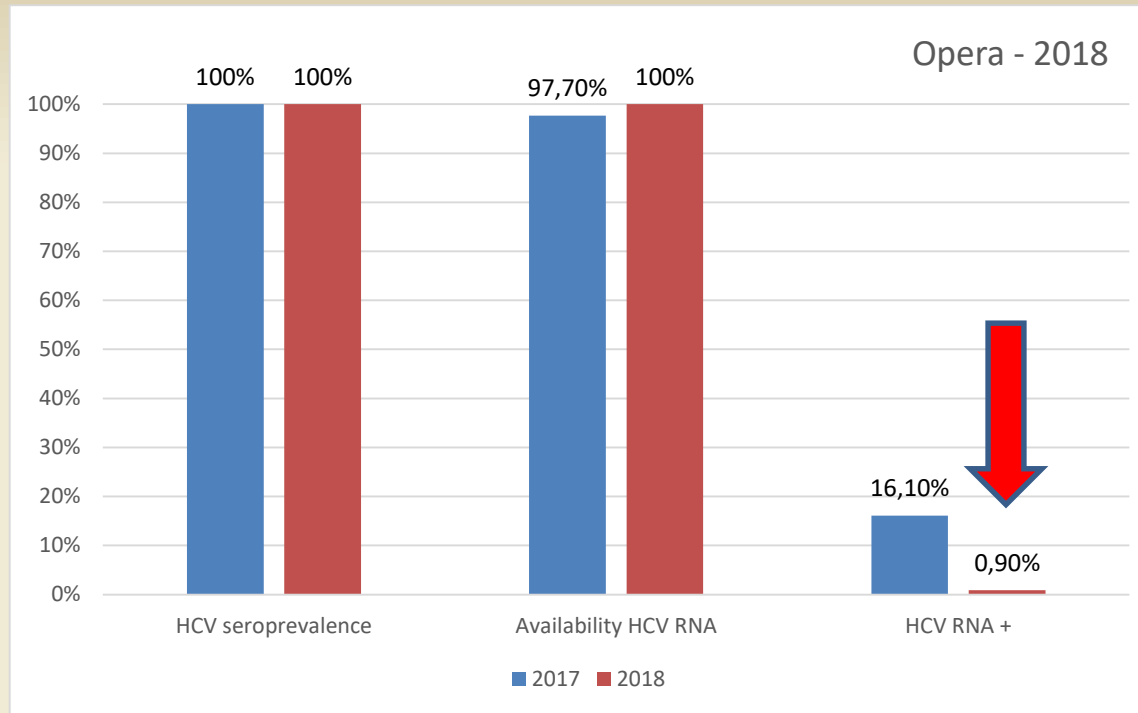
Screening coverage for HCV HIV HBV and Prevalence :
TOTAL - OPERA - SAN VITTORE in 2018



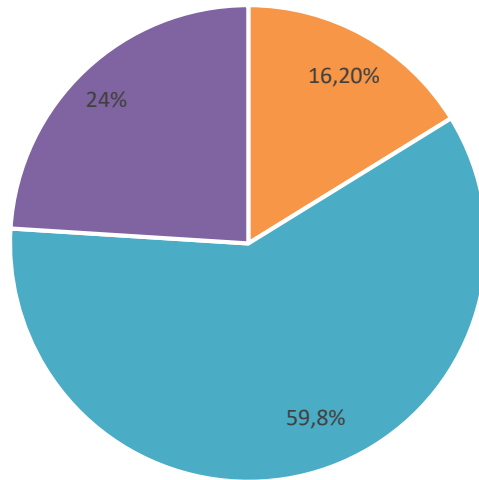
Results (3)

| 2018 | | | |
|---------------------------------|--------------------|--------------------|--------------------|
| | SV | OPE | TOT |
| Inmates HCV Ab + | 80 (8,8%) | 114 (9,5%) | 194 (9,6%) |
| Sex | | | |
| M | 66 (82,5%) | 114 (100%) | 180 (92,8%) |
| F | 14 (17,5%) | 0 | 14 (7,2%) |
| Drug Users | 72 (90%) | 82 (71,9%) | 154 (79,4%) |
| Nationality: | | | |
| Italian | 57 (71,2%) | 106 (93,0%) | 163 (84,0%) |
| North Africa | 8 (10%) | 5 (4,4%) | 13 (6,7%) |
| American | 1 (1,2%) | 0 | 1 (0,5%) |
| Est Europe | 9 (11,2%) | 2 (1,7%) | 11 (5,7%) |
| Africa (other countries) | 4 (5%) | 1 (0,9%) | 5 (2,6%) |
| Asiatn | 1 (1,2%) | 0 | 1 (0,5%) |
| European | | | |
| median age & IQR | 46, (38-52) | 50, (45-55) | 49, (42-54) |

Results (4)



HCV RNA negative patients - 2018

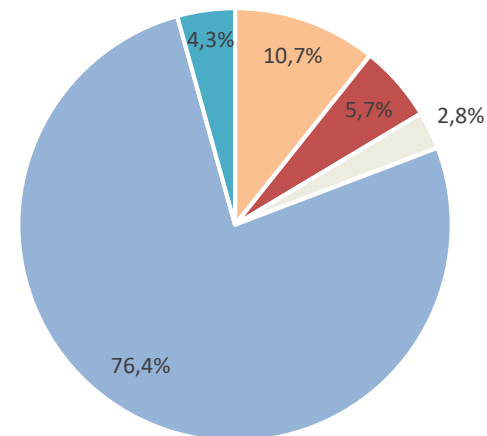


■ Previous Treatment IFN/ IFN+TPV ■ Treated with DAAs ■ No previous treatment

IMPACT OF DAAs

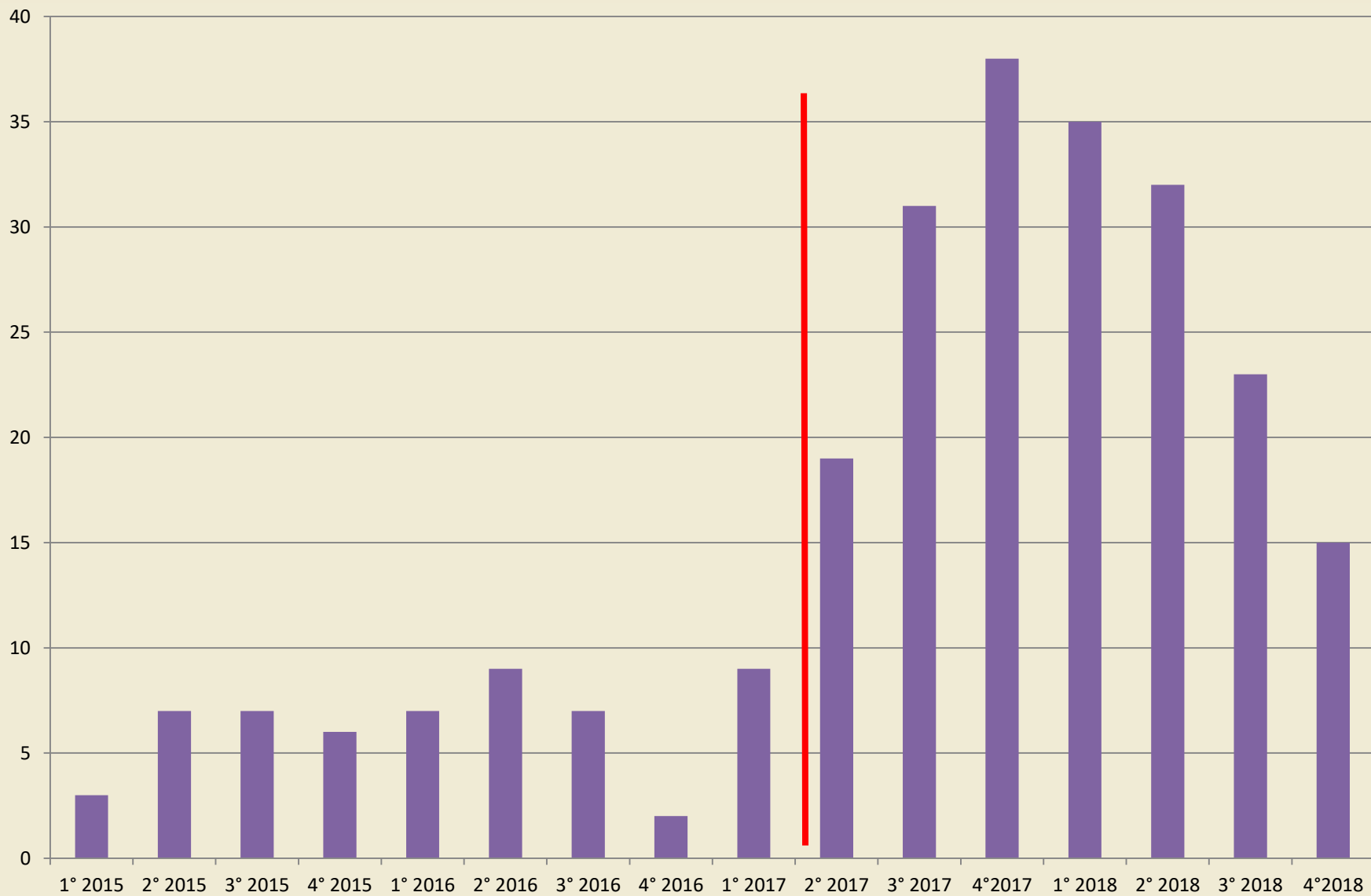
Patients treatment location 2018

IN PRISON



■ In community ■ Unknown ■ Other prison ■ SV - Ope ■ Prison and elsewhere

Number of patients treated with DAAs in Prison between 2015 and 2017



PROPOSTE FINALI

- **Mantenere livelli elevati di screening nel tempo:**
 - TEST RAPIDO (oral test) e ove possibile HCV-RNA rapido (gene expert)
- **Tempestivo counselling , referral ed intervento multispecialistico**
- **Eligibilità RAPIDA all'interno della struttura**
 - Ecografia epatica (eventuali lesioni o cirrosi)
 - No fibroscan uso scores: APRI, FIB 4
- **Prescrittore AIFA interno alla struttura**
- **Trattamento in sede anche prima di conoscere genotipo**
 - Quando possibile trattamenti brevi
 - Utilizzo infermiere per controllo effetti collaterali e compliance
 - Intervento multidisciplinare
 - Semplificazione follow-up
- **Documentazione e linkage to care (referral Unità Ospedaliera Gastroenterologia/Epatologia/Malattie Infettive)**
- **Accordo con la Magistratura**

E poi...

Azione: Trasferimento dell'azione carceri su SERD territorio San Paolo con impiego dello stesso personale penitenziario che implementa quello SERD

- Testing (test rapidi, settimana pilota con HCV-RNA genexpert)
- Counselling post diagnosi
- Elegibilità fast track (slot per ecografia epatica/fibroscan presso Ospedale San Paolo)
- Terapia DAAs sincronizzata con dispensazione terapia sostitutiva al SERD
- Follow up post trattamento al SERD
- F4 referral alle Unità di Epatologia/Gastroenterologia/Malattie Infettive
- Proposto progetto a livello regione Lombardia, in fase di approvazione
- Problematica: trattamento pazienti stranieri o non residenti , assegnazione tessera sanitaria e MMG al detenuto al momento del rilascio

Ringraziamenti

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- **Gruppo psicologi e psichiatri**
- **Farmacisti**
- **Infermieri**
- **Personale di Polizia Penitenziaria**
- **Magistrati**
- **Direzione Sanitaria Penitenziaria Ospedale San Paolo**